

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42210

State File No. _____

Registrar's No. 51

FILED JAN 12 1943

Registration District No. 340

Primary Registration District No. 4503

1. PLACE OF DEATH:

- (a) County Stoddard
(b) City or town Bernie
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

8. (a) PRINT FULL NAME LOU Ella Swatzell

8. (b) If veteran, _____ name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph M. Swatzell 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December 10, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 19 hr. _____ min.

9. Birthplace Corning Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

12. Name Henry White

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Cross

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Swatzell

(b) Address Bernie, Missouri

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Bernie, Missouri

19. (a) 1-2-1943 (b) Cardie Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bernie
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-25- 1942 to 12-29- 1942.

that I last saw him alive on 12-29- 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Breast 12 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature Harvey Ryan (M. D. or other) _____

Address Bernie, Mo Date signed 12-30-42

RECEIVED

District Health Office No. 2,

District File Number 143-40

Date Filed 1-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Salomon

Licensed Embalmer No. 2556-

P. O. Address Summit, Mo-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.